



New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey Board of Nursing
124 Halsey Street, P.O. Box 45010
Newark, New Jersey 07101
(973) 504-6430

Dear _____:

RE: Criminal History Background Check

Since you were electronically fingerprinted in the past, **there is no need to repeat the process.** The New Jersey Board of Nursing will be responsible for obtaining your criminal history background check by retrieving your archived fingerprints.

Again, it is not necessary for you to repeat the fingerprint process.

Sincerely,

A handwritten signature in cursive script that reads "Michele M. Carroll".

Michele M. Carroll, Manager
Homemaker-Home Health Aide Unit
New Jersey Board of Nursing



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124 Halsey Street, P.O. Box 45010
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Dear Reinstatement Applicant:

The New Jersey Board of Nursing ("the Board") is in receipt of your request for reinstatement of your homemaker-home health aide certification. In addition to completing a reinstatement application, you must submit the following:

1. Payment of all past delinquent renewal fees during the period that your certification was lapsed or suspended, and payment of the current reinstatement fee pursuant to N.J.S.A. 45:1-7.2.
2. If your certification has lapsed for more than five years past its expiration date, you must complete the entire homemaker-home health aide training (76 hours). If your certification has lapsed for less than five years past its expiration date, you must complete the competency evaluation and submit proof of same.

For this reason, we are returning your application with your check/money order so that you may pay the correct fee. Outlined below is a breakdown of the cost and the total amount which must be paid to the New Jersey Board of Nursing so that we may process your application for reinstatement.

Amount of past renewal fee(s):	\$ _____
Current reinstatement application fee:	\$ _____
Total amount due:	\$ _____

If you have any questions concerning this matter, please contact the New Jersey Board of Nursing's Homemaker-Home Health Aide Unit at 973-504-6546 or 973-424-8146

Sincerely,

A handwritten signature in cursive script that reads "George J. Hebert".

George J. Hebert, MA, R.N.
Executive Director

Homemaker-Home Health Aide

Instructions for Completing the Criminal History Review for Certification Reinstatement

***New Jersey Office of the Attorney General
Division of Consumer Affairs
New Jersey Board of Nursing
Criminal History Review Unit***

APPLICANT PROCEDURE
INSTRUCTION SHEET
HOMEMAKER - HOME HEALTH AIDE
EMPLOYEE CRIMINAL HISTORY REVIEW

Pursuant to N.J.S.A. 45:11-24.3 et seq., all applicants for reinstatement of homemaker-home health aide certification must first submit to a **criminal history record background check**. The Board of Nursing shall not issue a homemaker-home health aide certificate to any applicant until the Board determines that no criminal history record information exists on file with the Identification Division of the Federal Bureau of Investigation, or with the State Bureau of Identification of the Division of State Police, which would disqualify that person from being certified.

1. In order to complete the criminal history review process, you must complete a **Certification and Authorization form** and **obtain electronic fingerprinting**. The forms that you need to obtain the electronic fingerprinting, which will initiate the criminal history record background check, will be provided by the Board of Nursing. However, it is your responsibility to schedule an appointment for the fingerprinting.
2. Complete and have notarized the Application for Certification as a Homemaker-Home Health Aide, and the Certification & Authorization form for a Criminal History Background Check. Applicants must answer all of the questions on the Application for Certification as a Homemaker-Home Health Aide and the Certification & Authorization form truthfully and completely.

***PLEASE NOTE:** You are required to complete the application form and the Certification & Authorization form, including having your signature witnessed by a notary. Failure to consent to, or cooperate in, the securing of a criminal history background check automatically disqualifies you for employment. Please also be advised that if you submit a false sworn statement, you shall be disqualified from certification and shall not have an opportunity to establish rehabilitation.

3. If you have disclosed on your Certification & Authorization form that you have been convicted of a disqualifying offense, you must provide evidence of rehabilitation* along with your application.
4. Return the completed Certification & Authorization form in the enclosed envelope. Your failure to obtain the electronic fingerprints is grounds for denial of your reinstatement application. Your reinstatement application will not be processed until the criminal history record background check has been completed.
5. The Criminal History Review Unit will receive the results of the criminal history record background check and forward them to the Board of Nursing at which time a determination will be made as to whether you are qualified for recertification.

FACTORS OF REHABILITATION

*P.L.1997, c. 284 provides that the Board of Nursing may grant certification to a disqualified applicant who can affirmatively demonstrate, by clear and convincing evidence, that he/she is rehabilitated. In determining whether an applicant has affirmatively demonstrated rehabilitation, the following factors must be considered:

1. The nature and responsibility of the position which the convicted person would hold or has held, as the case may be;
2. The nature and seriousness of the offense;
3. The circumstances under which the offense occurred;
4. The date of the offense;
5. The age of the person when the offense was committed;
6. Whether the offense was an isolated or repeated incident;
7. Any social conditions which may have contributed to the offense; and
8. Any evidence of rehabilitation, including good conduct in prison or in the community, counseling or psychiatric treatment received, acquisition of additional academic or vocational schooling, successful participation in correctional work-release programs, or the recommendation of those who have had the person under their supervision.

NOTE: All letters and documents which are used to substantiate rehabilitation must be signed by the individual who wrote the letter or document: for example, the employer, clergyman, probation officer, an official of a rehabilitation agency, or a counselor. Letters and documents that are not signed will not be considered by the Board of Nursing.

6. In the event of a disqualification, you will receive a letter outlining the offense(s) used as a basis for the disqualification with instructions regarding the appeal process. Notification of your disqualification will also be sent to the health care service firm or the home health agency which is your conditional employer or your prospective employer, or to the school where you received your training. Failure to file an appeal within 30 days will result in permanent disqualification. You will be informed in writing of all procedures to follow when filing an appeal.

All questions concerning these procedures should be directed to the Homemaker-Home Health Aide Unit at (973) 504-6546 or (973) 424-8146.

7. **Your continuing responsibility to disclose convictions of disqualifying crimes/offenses:** You **must** notify the New Jersey Board of Nursing within no more than five (5) business days if you are convicted of any of the disqualifying crimes or offenses identified on the next few pages after this form has left your hands. Failure to do so may result in **automatic termination of your current employment, denial of an initial or renewal application for certification, revocation of your certification or conditional certification as a homemaker-home health aide and/or a fine of up to \$1,000.**

DISQUALIFYING CRIMES
CRIMES SET FORTH IN N.J.S. 2C THAT DISQUALIFY AN APPLICANT
PURSUANT TO N.J.S. 45:11-24.3

- (1) In New Jersey, any crime or disorderly persons offense:
- (a) involving danger to the person, meaning those crimes and disorderly persons offenses set forth in N.J.S. 2C:11-1 et seq., N.J.S. 2C:12-1 et seq., N.J.S. 2C:13-1 et seq., or 2C:14-1 et seq., N.J.S. 2C:15-1 et seq.; or
 - (b) against the family, children or incompetents, meaning those crimes and disorderly persons offenses set forth in N.J.S. 2C:24-1 et seq.; or
 - (c) involving theft as set forth in chapter 20 of Title 2C of the New Jersey Statutes; or
 - (d) involving any controlled dangerous substance or controlled substance analog as set forth in chapter 35 of Title 2C of the New Jersey Statutes except paragraph (4) of subsection a of N.J.S. 2C:35-10.
- (2) In any other state jurisdiction, of conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described above in paragraph (1) of this section.

N.J.S. 2C:11

<u>N.J.S. 2C:11-1</u>	Bodily Injury
<u>N.J.S. 2C:11-2</u>	Criminal Homicide
<u>N.J.S. 2C:11-3</u>	Murder
<u>N.J.S. 2C:11-4</u>	Manslaughter
<u>N.J.S. 2C:11-5</u>	Death by Auto or Vessel
<u>N.J.S. 2C:11-6</u>	Aiding Suicide

N.J.S. 2C:12

<u>N.J.S. 2C:12-1</u>	Assault
<u>N.J.S. 2C:12-2</u>	Recklessly Endangering Another Person
<u>N.J.S. 2C:12-3</u>	Terroristic Threats
<u>N.J.S. 2C:12-10</u>	Stalking

N.J.S. 2C:13

<u>N.J.S. 2C:13-1</u>	Kidnapping
<u>N.J.S. 2C:13-2</u>	Criminal Restraint
<u>N.J.S. 2C:13-3</u>	False Imprisonment
<u>N.J.S. 2C:13-4</u>	Interference With Custody
<u>N.J.S. 2C:13-5</u>	Criminal Coercion
<u>N.J.S. 2C:13-6</u>	Enticing Child Into Motor Vehicle, Structure or Isolated Area

N.J.S. 2C:14

<u>N.J.S. 2C:14-2</u>	Sexual Assault
<u>N.J.S. 2C:14-3</u>	Criminal Sexual Contact
<u>N.J.S. 2C:14-4</u>	Lewdness

N.J.S. 2C:15

<u>N.J.S. 2C:15-1</u>	Robbery
<u>N.J.S. 2C:15-2</u>	Carjacking

N.J.S. 2C:20

<u>N.J.S. 2C:20-2.1</u>	Automobile Theft
<u>N.J.S. 2C:20-3</u>	Theft by Unlawful Taking or Disposition
<u>N.J.S. 2C:20-4</u>	Theft by Deception
<u>N.J.S. 2C:20-5</u>	Theft by Extortion
<u>N.J.S. 2C:20-6</u>	Theft of Property Lost, Mislaid or Delivered by Mistake
<u>N.J.S. 2C:20-7</u>	Receiving Stolen Property
<u>N.J.S. 2C:20-7.1</u>	Fencing
<u>N.J.S. 2C:20-8</u>	Theft of Services
<u>N.J.S. 2C:20-9</u>	Theft by Failure to Make Required Disposition of Property Received
<u>N.J.S. 2C:20-10</u>	Unlawful Taking of Means and Conveyance
<u>N.J.S. 2C:20-11</u>	Shoplifting
<u>N.J.S. 2C:20-13</u>	Library Materials, Purposeful Concealment, Prima Facie Presumption
<u>N.J.S. 2C:20-14</u>	Taking Person into Custody for Probable Cause for Belief of Willfully Concealing Library Material; Arrest without Warrant; Probable Cause for Belief of Theft; Immunity from Liability
<u>N.J.S. 2C:20-15</u>	Sign: Posting
<u>N.J.S. 2C:20-16</u>	Maintaining Facility for Sale of Stolen Automobiles or their Parts
<u>N.J.S. 2C:20-17</u>	Employment of Juvenile to Commit Automobile Theft
<u>N.J.S. 2C:20-18</u>	Leader of Auto Theft Trafficking Network
<u>N.J.S. 2C:20-25</u>	Computer-Related Theft

<u>N.J.S. 2C:20-26</u>	Property or Services of \$75,000 or More
<u>N.J.S. 2C:20-27</u>	Property or Services Between \$500 and \$75,000
<u>N.J.S. 2C:20-28</u>	Property or Services Between \$200 and \$500
<u>N.J.S. 2C:20-29</u>	Property or Services of \$200 or less
<u>N.J.S. 2C:20-30</u>	Damage or Wrongful Access to Computer System
<u>N.J.S. 2C:20-31</u>	Disclosure of Data from Wrongful Access
<u>N.J.S. 2C:20-32</u>	Wrongful Access to Computer
<u>N.J.S. 2C:20-33</u>	Copy or Alteration of Program or Software with Value of \$1,000 or less
<u>N.J.S. 2C:20-36</u>	Prohibited Transactions Involving Food Stamps, Coupons, or ATP Cards of \$150 or More
<u>N.J.S. 2C:20-37</u>	Prohibited Transactions Involving Food Stamps, Coupons, or ATP Cards of Less than \$150

N.J.S. 2C:24

<u>N.J.S. 2C:24-1</u>	Bigamy
<u>N.J.S. 2C:24-4</u>	Endangering Welfare of Children
<u>N.J.S. 2C:24-5</u>	Willful Non-Support
<u>N.J.S. 2C:24-6</u>	Unlawful Adoptions
<u>N.J.S. 2C:24-7</u>	Endangering the Welfare of an Incompetent Person
<u>N.J.S. 2C:24-8</u>	Endangering the Welfare of Elderly or Disabled

N.J.S. 2C:35

<u>N.J.S. 2C:35-3</u>	Leader of Narcotics Trafficking Network
<u>N.J.S. 2C:35-4</u>	Maintaining or Operating a Controlled Dangerous Substance Production Facility
<u>N.J.S. 2C:35-5</u>	Manufacturing, Distributing or Dispensing
<u>N.J.S. 2C:35-6</u>	Employing a Juvenile in a Drug Distribution Scheme
<u>N.J.S. 2C:35-7</u>	Distributing, Dispensing or Processing Controlled Dangerous Substance or Controlled Substance Analog on or within 1,000 feet of School Property or Bus
<u>N.J.S. 2C:35-8</u>	Distribution to Persons under age 18
<u>N.J.S. 2C:35-9</u>	Strict Liability for Drug Induced Deaths
<u>N.J.S. 2C:35-10</u>	Possession, Use or Being Under the Influence, or Failure to Make Lawful Disposition (except paragraph (4) of subsection 9).
<u>N.J.S. 2C:35-11</u>	Imitation Controlled Dangerous Substance; Distribution,

	Possession, Manufacture, etc.
<u>N.J.S.2C:35-13</u>	Obtaining By Fraud
<u>N.J.S.2C:35-16.1</u>	Conviction of Drug Related Offenses Taking Place Upon Leased Residential Premises



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**CERTIFICATION & AUTHORIZATION FORM
FOR CRIMINAL HISTORY BACKGROUND CHECK**

Directions: Answer each question, sign and have the form notarized.

- Mr.
Mrs.
- Name Ms. _____
First Middle Last Maiden Name
 - Address _____
Street City State ZIP code County
 - 2a. C.H.H.A. number (if already issued) N _____
 - Date of Birth ____/____/____ Sex: ☐ Male ☐ Female Place of Birth _____
Month Day Year City State
 - Check Race: ☐ Asian ☐ Black ☐ American Indian ☐ Unknown ☐ White
 - Social Security number ____ / ____ / ____ Telephone number _____
Include area code
(Provision of your Social Security number is voluntary; however, it is necessary to ensure the reliability of the background check. Your failure to provide this identifier may delay the processing of your application.)
 - Employer name (N.J. home care services agency) _____
Address _____
Street City State ZIP code County
Identification number* _____ Telephone number _____
Include area code

* Identification number refers to agency HIP number, or facility number.

CRIMES AND OFFENSES

A person shall be disqualified from certification if that person's criminal history record background check reveals a record for conviction of any of the following crimes or offenses. (If you are not sure which crimes are considered disqualifying offenses, please check pages 3-5 of the instructions.)

- In New Jersey, any crime or disorderly persons offense:
 - involving danger to the person, meaning those crimes and disorderly persons offenses set forth in N.J.S.2C:11-1 et seq.; N.J.S.2C:12-1 et seq., N.J.S.2C:13-1 et seq., N.J.S.2C:14-1 et seq., or N.J.S.2C:15-1 et seq.; or
 - against the family, children, or incompetents, meaning those crimes and disorderly persons offenses set forth in N.J.S.2C:24-1 et seq.; or
 - involving theft as set forth in N.J.S.2C:20-1 et seq.; or
 - involving any controlled dangerous substance or controlled substance analog as set forth in Chapter 35 of Title 2C of the New Jersey Statutes except paragraph (4) of subsection a of N.J.S.2C:35-10.
- In any other state or jurisdiction, of conduct which, if committed in New Jersey, would constitute any of the crimes or disorderly persons offenses described in paragraph (1) of this subsection.

7. Check **only one** box:

- ☐ I have **no record of conviction** for **any** of the disqualifying crimes or offenses identified on the previous page.
- ☐ I have been convicted of one or more of the disqualifying crimes or offenses identified on the previous page.

Every such conviction on record must be disclosed. True copies of each judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in automatic termination of your current employment, denial of an initial or reinstatement application as a homemaker-home health aide, revocation of certification or conditional certification and/or a fine of up to \$1,000.**

Your continuing responsibility to disclose convictions of disqualifying crimes/offenses: You **must** notify the New Jersey Board of Nursing within no more than five (5) business days if you are convicted of any of the disqualifying crimes or offenses identified on the previous page after this form has left your hands. Failure to do so may result in **automatic termination of your current employment, denial of an initial or reinstatement application for certification, revocation of your certification or conditional certification as a homemaker-home health aide and/or a fine of up to \$1,000.**

You must immediately inform the New Jersey Board of Nursing in writing of any address change. Name change requires the submission of legal documentation.

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____
County of: _____ } ss.

I, _____, in making this application to the New Jersey Board of Nursing for certification or licensure under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey Board of Nursing, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold reinstatement of or suspend or revoke a certificate or license issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:11-23 et seq., together with the Rules and Regulations of the New Jersey Board of Nursing, N.J.A.C. 13:37-1.1 et seq., and fully understand that in receiving certification or licensure from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here



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**APPLICATION FOR REINSTATEMENT OF NEW JERSEY
HOMEMAKER-HOME HEALTH AIDE CERTIFICATE**

**YOU MAY NOT PRACTICE IN THE STATE OF NEW JERSEY UNTIL YOUR
HOMEMAKER-HOME HEALTH AIDE CERTIFICATE IS REINSTATED.**

Please print in black or blue ink only. This application must be completed, notarized and returned to the New Jersey Board of Nursing with your reinstatement fee payable by check or money order. **Please be advised that the application fee is nonrefundable. The certification fee is refundable.**

Complete the following information:

Full Name _____

Address _____

City, State, ZIP _____

Telephone number(s) _____
(Home) (Work)

Date of Birth ____ / ____ / ____ Certificate number _____
Month Day Year

Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

*Social Security Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7,60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. the Probation Division or any other agency responsible for child support enforcement, upon request; and
- c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen
☐ Alien lawfully admitted for permanent residence in U.S.
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
(1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
(2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
- d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

Applicant's name (please print)

Applicant's signature

Date

Please answer ALL of the questions below as they apply to the period of time since you were last certified **or** for the period of time since you last applied for reinstatement.

1. Have you been convicted of a crime? ☐ Yes ☐ No
2. Are there any criminal charges against you now pending? ☐ Yes ☐ No
(Parking or speeding violations do not require you to answer "Yes," but all other motor vehicle offenses must be disclosed.)
3. Has your professional license been revoked or suspended (whether active or stayed) by any licensing board? ☐ Yes ☐ No
4. Is any action now pending against your professional license or have you been permitted to surrender or otherwise relinquish your license to avoid inquiry, investigation or action by any state licensing board? ☐ Yes ☐ No

AFFIDAVIT FOR EMPLOYER VERIFICATION

This affidavit is to be executed by the prospective employer before a notary public:

State of: _____ }
County of: _____ } ss.

I verify that the applicant named in the preceding affidavit will be employed by the agency indicated below upon the applicant's certification by endorsement.

_____ Name of agency or health care service firm				
_____ Street address	_____ City	_____ State	_____ ZIP code	_____ County
_____ Name of Prospective Employer (please print)			_____ Signature of Prospective Employer	
_____ Date				

Sworn and subscribed to before me this _____

day of _____ , _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public





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Reinstatement Applicant - Expired One Year or More
Completion of Competency Evaluation/Skills Test Verification

Dear Reinstatement Applicant:

The New Jersey Board of Nursing records reveal that your homemaker-home health aide certification expired more than one year ago. For this reason, you must take the competency evaluation and skills test.

Please have this section completed and notarized. Also, attach documented proof from the agency that you successfully completed the homemaker home health aide competency evaluation and skills test.

I certify that _____ has successfully repeated a Homemaker-Home Health Aide competency evaluation and skills test on the _____ day of _____ at _____ agency/school.

Applicant's Signature

Agency/School Official's Signature

Sworn and subscribed to me before this _____

day of _____, _____
Month Year

Affix Seal Here

Name of Notary Public (please print)

Signature of Notary Public

Date Commission Expires